

OFFICE of VITAL STATISTICS

CERTIFIED COPY

TYPE IN
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FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Marlene Davidson				2. SEX Female					
3. DATE OF BIRTH (Month, Day, Year) October 13, 1936		4a. AGE-Last Birthday (Years) 71		4b. UNDER 1 YEAR Months Days		4c. UNDER 1 DAY Hours Minutes		5. DATE OF DEATH (Month, Day, Year) June 28, 2008	
6. SOCIAL SECURITY NUMBER 560-48-9290		7. BIRTHPLACE (City and State or Foreign Country) Burbank, California				8. COUNTY OF DEATH Alachua			
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)									
10. FACILITY NAME (If not institution, give street address) Parkland Nursing Home				11a. CITY, TOWN, OR LOCATION OF DEATH Gainesville				11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married				13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)					
14a. RESIDENCE - STATE Florida		14b. COUNTY Alachua		14c. CITY, TOWN, OR LOCATION Gainesville		14e. APT. NO.		14f. ZIP CODE 32601	
14d. STREET ADDRESS 1000 SW 16th Avenue						14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" Professor				15b. KIND OF BUSINESS/INDUSTRY University of Chicago/Education					
16. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)									
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian									
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input checked="" type="checkbox"/> Doctorate								19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20. FATHER'S NAME (First, Middle, Last, Suffix) Unknown Unknown				21. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown Unknown					
22a. INFORMANT'S NAME Social Worker				22b. RELATIONSHIP TO DECEDENT Social Worker		23a. INFORMANT'S MAILING - STATE Florida			
23b. CITY OR TOWN Gainesville		23c. STREET ADDRESS 224 SE 24th Street				23d. ZIP CODE 32641			
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Evergreen Cemetery				25a. LOCATION - STATE Florida		25b. LOCATION - CITY OR TOWN Gainesville			
26a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)									
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		27a. LICENSE NUMBER (of Licensee) F045156		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Julie Collins					
28. NAME OF FUNERAL FACILITY Moring Funeral Home				29a. FACILITY'S MAILING - STATE Florida					
29b. CITY OR TOWN Melrose		29c. STREET ADDRESS 310 SR 26 (P.O. Box 1579)				29d. ZIP CODE 32666			
30. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.									
31a. (Signature and Title of Certifier) William P. Eggherman MA				31b. DATE SIGNED (mm/dd/yyyy) 7/4/08		32. TIME OF DEATH (24 hr.) 0228		33. MEDICAL EXAMINER'S CASE NUMBER	
34a. LICENSE NUMBER (of Certifier) ME53870		34b. CERTIFIER'S NAME William P. Eggherman MA		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)					
36a. CERTIFIER'S - STATE FL		36b. CITY OR TOWN Gainesville		36c. STREET ADDRESS 1000 SW 16th Street		36d. ZIP CODE 32610			
37. SUBREGISTRAR - Signature and Date Shirley Allen CDR				38a. LOCAL REGISTRAR - Signature Shirley Allen CDR		38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) 07/09/2008			

Shirley Allen, CDR

February 2, 2010

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

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CERTIFICATION OF VITAL RECORD



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